



## AUTHORIZATION FOR BANKDRAFTING

I AUTHORIZE THE ARLINGTON WATER UTILITIES DEPARTMENT TO DEBIT MY ACCOUNT EACH MONTH FOR THE AMOUNT OF SERVICES BILLED ON MY WATER UTILITY ACCOUNT. I ALSO AUTHORIZE MY FINANCIAL INSTITUTION IDENTIFIED BELOW TO DEBIT THESE AMOUNTS FROM MY ACCOUNT.

**PLEASE PRINT:**

NAME OF FINANCIAL  
INSTITUTION

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE

\_\_\_\_\_

ZIP

\_\_\_\_\_

\*\*\*\*\*

**PLEASE CHECK THE APPROPRIATE SELECTIONS:**

☐ BANK

☐ SAVINGS & LOAN

☐ CREDIT UNION

☐ OTHER

☐ CHECKING ACCOUNT

☐ SAVINGS ACCOUNT

\*\*\*\*\*

CUSTOMER NAME

\_\_\_\_\_

ADDRESS

\_\_\_\_\_

\_\_\_\_\_

WATER UTILITY  
ACCOUNT NUMBER

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_

☐ **A COPY OF MY VOIDED CHECK IS ATTACHED.**

WE LOOK FORWARD TO PROVIDING THIS ADDITIONAL SERVICE TO YOU. THANK YOU FOR DOING BUSINESS WITH US. PLEASE RETURN THIS FORM WITH YOUR NEXT UTILITY PAYMENT, OR MAIL TO:

ARLINGTON WATER UTILITIES  
P.O. Box 90020  
ARLINGTON, TX 76004-3020